

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
AND SPEECH-LANGUAGE PATHOLOGISTS**

4201 PATTERSON AVENUE * BALTIMORE, MARYLAND 21215-2299 * PHONE 410-764-4725
FAX 410-358-0273 * TTY FOR DISABLED – MARYLAND RELAY SERVICE 1-800-735-2258

**HEARING AID DISPENSER LIMITED LICENSE RENEWAL
FEE \$25.00 NON-REFUNDABLE**

Name: _____

Address: _____

License #: _____

REASON FOR ISSUANCE

- ☐ FAILED EXAMINATION
- ☐ FAILURE TO SIT FOR EXAMINATION
- ☐ OTHER

A person who holds a Limited License to practice as a Hearing Aid Dispenser may renew the Limited License by remitting a check or money order in the amount of \$25.00 payable to the State Board of Examiners for Hearing Aid Dispensers.

A Limited License is valid for one year and may be renewed for one additional year. The time for which an individual may hold a Limited License shall not exceed two years.

In accordance with Executive Order .01.01.1983-18, the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the agency to communicate, in a timely manner, with the licensee should the need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

I understand that by signing this statement, the license for which I am applying will expire one year from date of approval. I further understand that I may not engage in the occupation or profession for which I have applied until such time as a license has been issued to me.

PLEASE COMPLETE THIS SECTION:

- () I AM NOT AN EMPLOYER REQUIRED TO PROVIDE EMPLOYEE
COMPENSATION UNDER THE WORKMEN'S COMPENSATION LAW.
- () I HAVE WORKMEN'S COMPENSATION COVERAGE, POLICY/BINDER #

ISSUED BY THE _____
EXPIRATION DATE _____

"I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE
INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE, INFORMATION AND BELIEF"

Signature of Applicant _____

Date _____

Limited License # _____